



# Cresco Assisted Learning Preschool

98 Tamarisk Street  
 Brackendown  
 Alberton  
 1448  
 011 867 1294  
 info@assistedlearning.co.za

## Enrolment Form

### Particulars of child:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of 

M	F
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 birth: d d / m m / y y y y

Gender: \_\_\_\_\_

Home Language: \_\_\_\_\_ Race: \_\_\_\_\_

Previous School: \_\_\_\_\_

Full day 6:30-17:30	Half day 6:30-14:30	Alternative
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**For Admin use Only:**

Class: -  
 \_\_\_\_\_  
 -  
 \_\_\_\_\_

Fee: \_\_\_\_\_

Immunisation/ Clinic Card	
Birth Certificate	
Registration Fee	
Copy of both parents ID	
Indemnity Form	
Doctors report/s	
O.T. Report	
Speech Report	
Educational Psychologist report	

**Particulars of parents:**

Marital status of parents: \_\_\_\_\_

Who does the child live with: \_\_\_\_\_

**Contact person other than parents:** In case of an emergency a responsible person should be on standby when we can not get hold of the parents. Please attach copy 's of ID 's.

**Transport:** Others who are authorised to collect your child from school: \_\_\_\_\_

	<u>Mother</u>	<u>Father</u>
Surname		
First name		
ID number		
Occupation		
Cell number		
Tel no ( w )		
Tel no ( h )		
Email address		
Home Address		
Work Address		

	<u>Next of Kin 1</u>	<u>Next of Kin 2</u>
Name & Surname		
Relationship to child		
Address		
Cell number		
Alternate number		

**Special Instructions:** -----

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### Medical Info

Medical aid: -----

Medical aid number: -----

Main members name & surname: -----

Family Doctor: -----

Tel no: -----

Any medical condition/ disabilities/ allergies:

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Diagnosis:

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Date of diagnosis:

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History of seizures( if any ):

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Hearing problem ( if any ):

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Vision problem ( if any ):

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Both parents consent to the staff authorising all and any medical treatment which the child may require.

Mother: ----- Father: -----

If your child has a life threatening condition, provide detailed information in case of an emergency. In cases of emergency please provide medication, dosage, indications of use and authorisation:

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**MEDICATION BEING TAKEN BY LEARNER:**

Name of medication:

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Time to be give: -----

Dosage to be given at home:

-----

Purpose: (Epilepsy/Tranquiliser, etc.) :

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Dosage: -----

**Notes:**

- A non-refundable registration fee of R500 and the first month's fee are payable in advance, by all new enrolments on acceptance into the school. This should be paid directly into the schools bank account.  
*Cresco Preschool and Aftercare Pty Ltd*  
*Standard Bank*  
*Business Current Account*  
*012460346*  
*Kempton Park Branch/ 01 24 42*  
*Swift no: SBZAZAJJ*
- Failure to pay fees on time, or at all, shall constitute a material breach of this agreement.
- Fees have been calculated over 12 months, irrespective of absenteeism, due to illness or vacation and are payable as agreed annually, termly or monthly.
- Three month's (one term) written notice must be given to the school if the child will not be returning to the school for the subsequent term or year. In the event of a failure to furnish such notice, the parent will be liable for an amount equivalent to one term's school fees.
- If children attend school during October, they will not be allowed to give notice for that year. Parents will be liable for all fees up to and including December .
- Please find attached a copy of the fee structure for the current year.
- Annual increases in school fees will be circulated in November of each year and become effective in January of the following year.
- Any special outings, visits, functions or extra items will be charged separately and added to the parent's account.
- The parent/s of the child shall be notified in writing of any school excursions that may be arranged from time to time outside the school grounds no later than 48 hours prior to the excursion. In the absence of such written refusal, the parent/s shall be deemed to have consented to the participation of the child in the said excursion. The child shall be under constant supervision by the staff of the school, and all reasonable precautions will be taken in order to avoid any accidents or mishaps. However, in the event of such an accident, mishap, harm or damage occurring, the Principal, staff and the school do not accept any legal responsibility.
- The school reserves the right of admission.
- All clothing and/or other possessions of the child should be clearly marked with his/her name.
- No jewellery and/or other valuables such as toys or electronics are to be brought to school.
- The educational programme of the school will commence at 08:00 and finish at 13:30.
- Breakfast will be served at 08:00, a healthy morning snack will be served at 10:00, lunch will be served at 12:00 and an afternoon snack will be served at 15h00.
- Sweets, chocolates, cakes, etc are limited to birthdays or special occasions only.
- School hours are from 06:30 to 14:30 half day and 06:30 to 17:30 full day.
- Children are to be collected on time or a penalty will be charged at R100.00 per 30 minutes.

I accept and agree to all requirements as set out in this registration form.

Signature (Parent/Guardian) : \_\_\_\_\_ Date: \_\_\_\_\_

Principal (Witness): \_\_\_\_\_ Date: \_\_\_\_\_

## INDEMNITY FORM

School: Cresco Preschool and Aftercare (PTY) LTD

I, \_\_\_\_\_ (full names and surname) being the parent/guardian  
of \_\_\_\_\_ (full names and surname of child) hereby:

- Agree, understand to accept and abide by all the rules and regulations, terms and conditions stipulated by Cresco Preschool and Aftercare with which I declare myself fully acquainted.
- Agree and understand that while I accept that Cresco Preschool and Aftercare will take every reasonable precaution against harm or loss occurring, indemnify Cresco Preschool and Aftercare and/or their staff or employees in respect of all loss or damage, whether to person or property, from any cause howsoever arising, which may be sustained by the child stipulated above or to his/her property or possessions, whilst on the school property or under school control during any school excursion, sporting activity or outing.
- Agree and understand that playground equipment and apparatus forms part of the essential and necessary physical development of the child. We hereby give consent for the stipulated above child to use such equipment.
- Agree that in emergency circumstances that Cresco Preschool and Aftercare or its representative, has the power to authorize whatever treatment/surgery, he/she in their sole discretion deems necessary for the learner, and in doing so agree that the Principal and or her staff shall act loco parentis. I agree further that I shall be responsible for the payment of all medical and/or hospital accounts, where applicable, should an injury be sustained to the child stipulated above whilst on the school property, or under school control during any school excursion, sporting activity or outing.
- Agree to ensure that the child has been properly immunized against whooping cough, diphtheria, tetanus and polio, and vaccinated against tuberculosis, and will give the necessary proof upon enrolment.
- Agree that the First Aider, or in her absence any other responsible person, may administer an analgesic preparation of the correct dosage for the purpose of reducing an elevation in temperature or for pain if we have been unable to contact the parent.
- Agree that this indemnity shall commence on the date of signature and shall remain in force and be of effect for the duration of the learner's enrolment at Cresco Preschool & Aftercare.
- Agree to settle all fees monthly in advance over 12 months and to give at least three months (one term) written notice of my attention to terminate the agreement of enrolment.

Dated at \_\_\_\_\_ (Place) on the \_\_\_\_\_ (day) of \_\_\_\_\_  
(month) 20\_\_ (year).

Signed: \_\_\_\_\_

I/we \_\_\_\_\_ & \_\_\_\_\_

the parent/s/legal guardian/s of \_\_\_\_\_  
confirm the above details are correct and have agreed to pay the sum of  
R\_\_\_\_\_ per month.

Singed: \_\_\_\_\_ Date: \_\_\_\_\_

# Background on the child

## Gross Motor:

Sat without support at: \_\_\_\_\_

Crawled at: \_\_\_\_\_

Walked independently at: \_\_\_\_\_

Any delays noted? \_\_\_\_\_

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## Fine Motor

Able to hold spoon: \_\_\_\_\_

Able to scribble: \_\_\_\_\_

Able to button / zip: \_\_\_\_\_

## Speech & Language

First words at: \_\_\_\_\_

Two-word phrases at: \_\_\_\_\_

Current communication method (speech / sign / AAC / gestures):

Any speech delay? \_\_\_\_\_

## Toilet

Toilet Training: \_\_\_\_\_

Daytime bladder control: \_\_\_\_\_

Nighttime bladder control: \_\_\_\_\_

Bowel control: \_\_\_\_\_

**Please circle the relevant answers:**

EATING      no support      low level of support      high level of support

DRESSING      no support      low level of support      high level of support

TOILETING      no support      low level of support      high level of support

Form of communication used (tablet, Makaton, etc.):

\_\_\_\_\_  
Please state what form of foods your child prefers (crunchy, soft, bland etc.) \_\_\_\_\_

**Allergies:**

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Environment Allergies: \_\_\_\_\_

Reaction type: \_\_\_\_\_

Emergency treatment required: \_\_\_\_\_

**Social & Emotional Development**

**Siblings**

Number of children in the family: \_\_\_\_\_

He/she is number: \_\_\_\_\_

Please list names and ages:

1. \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. \_\_\_\_\_ Date of birth: \_\_\_\_\_

3. \_\_\_\_\_ Date of birth: \_\_\_\_\_

4. \_\_\_\_\_ Date of birth: \_\_\_\_\_

## **Interaction**

Interaction with peers: \_\_\_\_\_

Interaction with adults:

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Eye contact: \_\_\_\_\_

Response to name: \_\_\_\_\_

Emotional regulation: \_\_\_\_\_

Aggressive behaviours: \_\_\_\_\_

Anxiety concerns: \_\_\_\_\_

Sensory sensitivities (noise, touch, light, textures): \_\_\_\_\_

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## **Family background**

Who does the child live with? \_\_\_\_\_

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Primary caregiver: \_\_\_\_\_

Secondary caregiver: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Family concerns: \_\_\_\_\_

Transport arrangements: \_\_\_\_\_

## Educational history

Please list previous school attended (INCLUDING PRE-SCHOOLS).

NAME OF SCHOOL	LANGUAGE OF INSTRUCTION
Mainstream or special needs	
1. _____	_____
2. _____	_____
3. _____	_____

## Therapy and intervention history

List of previous specialists and therapists:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List of current specialists and therapists:

1. \_\_\_\_\_ Report attached: Yes/No
2. \_\_\_\_\_ Report attached: Yes/No
3. \_\_\_\_\_ Report attached: Yes/No
4. \_\_\_\_\_ Report attached: Yes/No

Occupational therapy OT: Yes/No

How frequent: \_\_\_\_\_

Speech therapy: Yes/No

How frequent: \_\_\_\_\_

Behavioural therapy: Yes/No

How frequent: \_\_\_\_\_

Other therapies: \_\_\_\_\_

**Consent to appear in electronic/print media**

Photographs of your child may be taken at various events or during school activities. With your permission, your child's photograph may be used in various print and electronic media. This may include Instagram, newspaper articles, Facebook, What's App, Power Point presentations, information brochures, school flyers or school webpage which can also be used for in-house staff training etc. I/We give permission/ do not give permission for my/our child to appear in electronic/print media as stated above. (Kindly indicate clearly by circling the applicable option).

Mother's signature:

Father's signature:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

Singed: \_\_\_\_\_

Date: \_\_\_\_\_